

INTERIM Vermont State Hospital Policy		
Levels of Observation Policy		
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Policy Statement:

Patients at VSH will receive safe care. A standardized procedure for providing the necessary level of supervision will be initiated and maintained for all patients admitted to Vermont State Hospital.

Purpose:

The purpose of this policy is to insure that all patients who are considered to be at risk of harm to themselves or others will be provided the necessary level of supervision by unit staff as required by a patient's condition.

Procedures:

- I. **Observation Generally.** All patients shall be observed at least every thirty (30) minutes. A patient's physician may order a more intensive level of observation as defined herein. Physicians shall consider the trauma history of a patient and the trauma that may result from intensive observation prior to ordering a more intensive level of observation. Assigned nursing staff must check the patient and monitor the patient as per the physician order. The physician order will include the reason for the increased level of observation and how closely to observe the patient. To facilitate patient observation, no curtain or other material is allowed to obstruct the window of any patient room door without a written request to and approval from the Medical Director and the Executive Director.
- II. **Fifteen Minute Checks: All patients shall be observed at least every fifteen (15) minutes ("15 minuet checks") upon admission.** There must be a physician's order to formally discontinue fifteen (15) minute checks. Under an order for 15-minute checks, when the patient is on the unit, the patient will be observed at least every fifteen (15) minutes and a record of patient behavior will be kept by the assigned staff member. The assigned staff member must have visual contact with the patient and not simply assume they know where the patient is on the unit.
 - A. The Charge RN will assign specific staff to do fifteen (15) minute checks and will orient the assigned staff member to the patient and the purpose of the level of observation. It is the responsibility of the assigned staff member to report any observed changes in behavior to the Charge RN.

- B. An RN or Shift Leader may initiate fifteen (15) minute checks while waiting for the patient to be evaluated by the MD.
- C. A Fifteen (15) Minute Check Flow Sheet must be kept and filed in the Medication/Treatment Section of the chart when completed. These may be thinned from the chart and sent to the old record in Medical Records.

III. Constant Observation I and II (COI and COII) and Close Supervision (CS). There must be a physician's order to formally begin and/or discontinue constant observation and close supervision of a patient. The physician's order will specify whether the observation is COI, COII or CS as defined below and shall include a rationale for the constant observation and why a less restrictive alternative is not clinically justified. The physician's order will also indicate whether the constant observation is 2:1 or 1:1.

Constant Observation I (CO I). Under an order for CO I, the patient is constantly observed and within an arms length plus ten (10) inches from the assigned staff at all times when the patient is awake and out of his or her room. When patient is in his or her room, assigned staff shall observe the patient from the doorway of patient's room.

Constant Observation II (CO II). Under an order for CO II, the patient is constantly observed and within up to eight (8) feet from the assigned staff at all times when the patient is awake and out of his or her room. When the patient is in his or her room, assigned staff shall observe the patient from the doorway of the patient's room.

Close Supervision (CS). Under an order for CS, the patient is constantly observed and within up to eight (8) feet from the assigned staff at all times except while the patient is dressing, showering and toileting. During these times the assigned staff shall stay as close as possible to the patient and remain in auditory contact.

- A. Under an order for **constant observation I or II**, the patient is constantly observed either by one assigned staff (1:1), or two assigned staff (2:1) as follows:
 - 1. The assigned nursing staff shall keep the patient within constant visual observation, as directed by the physician's order. Constant observation means that if the patient is showering, using the toilet or getting dressed or undressed, they must be observed. The staff doing the constant observation must be able to see the entire person, not just a part of their body. If the patient has an opposite gender staff assigned to him or her, the staff member should arrange to have a same gender staff observe the patient while dressing and go into the bathroom with the patient.
 - 2. The assigned staff may observe the patient from the doorway of the patient's room when the patient is in his or her room but must maintain constant visual observation.
 - 3. **When the patient is asleep in his or her room:**
 - a. The assigned staff must be able to count the patient's respirations.

- ## B.

- F. The staff assignment to do constant observation and close supervision shall not exceed four consecutive (4) hours, at which time another staff member will be assigned to take over. When the assignment changes, the new assigned staff shall immediately review the Constant Observation Assignment Sheet.
- G. All patients who are in restraints or seclusion shall be under constant observation.
- H. Constant observation and close supervision can only be discontinued with a physician's order, except when a patient is released from seclusion or restraint. Patient's released from seclusion or restraint who were on an order for CO I, CO II or CS prior to the seclusion or restraint shall remain on that level of observation until discontinued by a physician.
- I. The attending physician will document an assessment of the clinical rationale for the continuing use of constant observation or close supervision in a progress note at least daily.